ALL INDIA INSTITUTE OF MEDICAL SCIENCES , BATHINDA JODHPUR ROMANA, MANDI DABWALI ROAD, BATHINDA, PUNJAB- 151001 अधिਲ ਭਾਰਤੀ ਆਯੁਰ ਵਿਗਿਆਨ ਸੰਸਥਾਨ, ਬਠਿੰਡਾ अखिल भारतीय आयुर्विज्ञान संस्थान, बठिंडा UNDER GRADUATE EXAMINATION FORM									
UNDER GRADUATE EXAIVITNATION FORIVI									
Examination Form No.									
Candidate Enrolment No:									
Examination Section AIIMS, BATHINDA									
I request permission to present myself in MBBSProfessional/Supplementary Examination to be held in Nov-Dec of Year I furnish my details as stated below: -									
1. CANDIDATE'S NAME in CAPITAL Letters (Strictly as per Class XII or GAZETTE Notification):									
2. CANDIDATES'S NAME in DEVNAGIRI SCRIPT (Hindi)(Strictly as per Class XII or GAZETTE Notification)									
3. MOTHER'S FIRST NAME in CAPITAL Letters :									
4. FATHER'S /HUSBAND NAME in CAPITAL Letters :									
5. Candidate's Postal Home Address in CAPITAL Letters :									
State: Pin code:									
Contact No. :									
6. Email Address:									
7. Sex OMale Female 8. Date of Birth (As per Class-XCertificate) Date Month Year									
9. Nationality 🔿 Indian 🔷 Foreign									
10. If Physically Handicapped \bigcirc Yes \bigcirc No									
11. Appearing as Fresh Repeat Attempt									
Affix Stamp									
Size Photo									
Left Hand Thumb Impression Signature of Candidate									

I will be appearing for the following Subjects:

Sr.No.	Subject Name	Subject Code				

DECLARATION

- 1) I hereby declare that I have not availed of any attempt (including the present one) in excess of the maximum attempts permissible, by AIIMS Bathinda for the said examination.
- 2) I hereby declare that I have gone through the syllabus prescribed.
- 3) I shall be responsible if my application form is rejected for any errors, wrong or incomplete entries made by me in the examination form.
- 4) I hereby declare that I shall not claim any concession on religious ground.
- 5) I am not defying the criteria of the admission order.
- 6) I am not admitted to the course after the cut-off date declared by the Institute for grant of terms.

Place:					
Date:					

Signature of Candidate

ATTESTATION BY THE DEAN

I certify that	
Shri/Smt/Kumari	
attended the classes and	

- 1. His/her attendance is not less than as prescribed by the Institute in lecture teaching and practical work.
- 2. Eligibility in cases of NRI, AI, etc. has already been sought (wherever applicable).
- 3. He/she was allowed / not allowed to appear for previous examination.
- 4. The candidate has completed that academic terms and appeared in mandatory number of internal assessment tests as per the Institute rules (wherever applicable).

.....is a bonafide student of this college and has satisfactorily

- 5. He/She is not admitted to the course after the cut-off date for grant of terms.
- 6. That the information furnished by the said candidate is verified from his/her documents and that the Candidate is Eligible /Not Eligible to appear for Institute Examination.

Place:						
Date:						

Signature & Seal of the

Associate Dean (Examination) AIIMS, Bathinda